
Doctor and Patient Relationship

Exercise in Four Groups in the class.

Prototypes of doctor-patient relationship

	Physician control (Low)	Physician control (High)
Patient control (Low)	Default	Paternalism
Patient control (High)	Consumerism	Mutuality

Paternalism

- Is widely regarded as the traditional form of doctor-patient relationship
 - A passive patient and a dominant doctor
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Parsons' model

- ❑ Parson saw the doctor and patient as fulfilling necessary functions in a well balanced and maintained social structure
 - ❑ Sickness is considered to be a necessary, occasional respite, providing a brief exemption for patient from social responsibilities
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Patient's role

- When sick, a patient is allowed the privileges of convalescence-he or she is not held responsible for poor health and is excused from everyday responsibilities
 - In order to enjoy these privileges, the patient must seek technically competent help and comply with medical advice
- passive and dependent
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Doctor's role

- The doctor legitimates the patient's illness and determines the course of treatment.
 - In doing so, the physician is compelled by professional ethics to act only in his or her sphere of expertise, to maintain an emotional detachment and distance from the patient, and to act in the patient's best interest
- professionally dominant and autonomous
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Advantages

- The supportive nature of paternalism appears to be all the more important when patient are very sick at their most vulnerable
 - Relief from the burden of worry is curative in itself, and the trust and confident implied by this model allow doctor to perform “medical magic” → placebo
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Disadvantages

- ❑ It is the potential for legitimate medical authority to be used for manipulation and exploitation of the vulnerable and ill.
 - ❑ It helps raise the autonomy doctrine to the preeminent bioethical value in patient-physician relationships.
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Discussion

- To prevent the manipulation and exploitation of the vulnerable, there is a so called autonomy principle , is it good? What is your opinion?
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Consumerism

- ❑ The patients' challenge to unilateral decision-making by physicians in reaching to a closure and diagnoses and working out treatment plans
 - ❑ Reversing the very basic nature of the power relationship
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Patient's role

☐ Health shoppers

Indications of consumer behavior

☐ Cost-consciousness

☐ Information seeking

☐ Exercising independent judgment

☐ Consumer knowledge

Doctor's role

- ☐ Health care providers
 - ☐ Technical consultant
 - ☐ To convince the necessity of medical services
 - ☐ A tendency for the “consumer to be right”
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Advantages

- ❑ Patients can have their own choices
 - ❑ Medicine is not an accomplished science. There are tremendous gaps in knowledge. Indeed, it has been estimated that the effectiveness of treatment is unknown for about 90% of the medical condition seen in routine practice
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Disadvantages

- ❑ Patients are being more selective in the acceptance of provider advice, based on its cost
 - ❑ When things seem to go wrong, when satisfaction is low, or when a patient suspect less than optimal care or outcome, patients are more likely to question physician authority
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Discussion

- The doctor-patient relationship of consumerism seems easily to be adopted, we can simplify the complicated relationship with “buyer and seller” relationship, is it good or bad? What is your opinion?
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Mutuality

- ❑ The optimal doctor-patient relationship model
 - ❑ This model views neither the patient nor the physician as standing aside
 - ❑ Each of participants brings strengths and resources to the relationship
 - ❑ Based on the communication between doctors and patients
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Patient's role

- ☐ Patients need to define their problems in an open and full manner
 - ☐ The patient's right to seek care elsewhere when demands are not satisfactorily met
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Doctor's role

- ❑ Physicians need to work with the patient to articulate the problem and refine the request
 - ❑ The physician's right to withdraw services formally from a patient if he or she feels it is impossible to satisfy the patient's demand
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Advantages

- ❑ Patients can fully understand what problem they are coping with through physicians' help
 - ❑ Physicians can entirely know patient's value
 - ❑ Decisions can easily be made from a mutual and collaborative relationship
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Disadvantages

- ❑ Physicians do not know what certain degree should they reach in communication
 - ❑ If the communication is fake, both physicians and patients do not have mutual understanding, making decision is overwhelming to a patient
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Discussion

- ☐ Is the patient capable of making the important therapeutic decision even though they have good communication of the physician?
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Default

- When patient and physician expectation are at odds, or when the need for change in the relationship cannot be negotiated, the relationship may come to a dysfunction standstill
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Discussion

- How to resolve this kind of embarrassed situation?
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Doctor-patient relationship in the past

- ☐ Paternalism
 - ☐ Because physicians in the past were people who had higher social status
 - ☐ “doctor” was seen as a sacred occupation which saved people’s lives
 - ☐ The advices given by doctors were seen as paramount mandate
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Doctor-patient relationship at present

- ☐ Consumerism and mutuality
 - ☐ Patients nowadays have higher education and better economic status
 - ☐ The concept of patient's autonomy
 - ☐ The ability to question doctors
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Reasons for the change

- ☐ Doctors' condition
 - ☐ Patients' condition
 - ☐ Environmental factors
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Conclusion

- ❑ Relationship between patients and doctors are often unstated, and they are dynamic
 - ❑ As conditions change, the kind of relationship that works best for a patient may change
 - ❑ Doctors and patients should choose a “relationship fit”
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Structure

- Analysis four prototypes of doctor-patient relationship
 - Paternalism
 - Consumerism
 - Mutuality
 - Default
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Structure

- ☐ Doctor-patient relationship in the past
 - ☐ Doctor-patient relationship at present
 - ☐ Discuss reasons for the change
 - ☐ Conclusion and comments
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